

FILED JAN 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43729

State File No. 10819

Registrar's No. 10819

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 10819	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 6 MOS.		c. CITY (If outside corporate limits, write RURAL and give township) 87 TOWN Lemay		4879	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital				d. STREET ADDRESS (If rural, give location) 96 Longview Drive			
3. NAME OF DECEASED (Type or Print) HENRY		a. (First) C.		b. (Middle) GOCKEL		c. (Last) GOCKEL	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH 11-20-1884	
9. AGE (In years last birthday) 66		10. MONTHS 66		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME John Gockel		13b. MOTHER'S MAIDEN NAME Wilhelmina Unknown		14. NAME OF HUSBAND OR WIFE Caroline Gockel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Arthur Maurer, 96 Longview Drive,			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Aortic Aneurysm Rupture ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unknown DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 521.0			
22. I hereby certify that I attended the deceased from Dec 15, 1950, to Dec 17, 1950, that I last saw the deceased alive on Dec 15, 1950, and that death occurred at 6:30 P.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John H. Wickert MD		23b. ADDRESS 2816 Sutton		23c. DATE SIGNED 12/18/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-19-50		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. DEC 19 1950		REGISTRAR'S SIGNATURE J B Lasker		25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN FUNERAL HOME, 1936 St. Louis			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. John Michelree

2816 Sutton

Hours

10:30 to 12 Noon
2 to 4 pm

DEC 19 16

Emb separate Cert filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.

Signed.

Student Embalmer

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.